Adult Day Care Center (ADCC)

7725	Daniel Animalous		Deficiency Report
0	Date of Neview. 12/28/2018	Last Date items below must be submitted to CTA;	
Check	H.A.R. 17-1424 Chapter#	Chapter Heading	Rule # and Non-Compliance findings
Q,	ယ	Application for Certificate of Approval	
OK	<u></u>	Administration	
9K	12	Personnel and Staffing	
9,	13	Admissions	
Q,	14	Participant Fees	
OK	15	Transportation	
OK.	16	Services for Center Participants	
웃	17 F	Physical Location	
Q,	18 F	Fire Protection	
OK.	19 C	Other Disasters and Evacuations	
The CTA C written plar	ompliance Manager F	nas reviewed the above items with me a within the timeframe stated above.	The CTA Compliance Manager has reviewed the above items with me and has provided me with a copy of this form. It is my responsibility to correct all items listed above and provide a written plan of correction to CTA within the timeframe stated above.
PRINT NAME:	If this box is checke	ed then I understand that I met all red	If this box is checked then I understand that I met all requirements and no corrective action is required
SIGNATURE	Ĭ.	2011 Carloway	SI ST CI STORY OF THE STORY OF
Compliance	Compliance Manger Signature	DA ARAGI	2 Cm Date: 12/28/18
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